



PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00 OF ANY EXCESS IN THE FEES DUE WITH THIS DOCUMENT

Customer No



Docket No: 0646/1D205-US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Ramesh A. BHAT: Ruth HENDERSON; Chulai HSIAO;

DEPOSIT ACCOUNT NO. 04-0100

Sotirios K. KARATHNASIS

09/429,832 Serial No.:

Art Unit:

1646

Filed: October 29, 1999

Examiner:

N. Basi

For: NOVEL HUMAN ESTROGEN RECEPTOR-BETA

RESPONSE TO INFORMALITY RE PAYMENT OF FEE

Hon. Commissioner of Patents and Trademarks Washington, DC 20231

September 28, 2001

Sir:

This is in response to the Informality Re Payment of Flee rhalled on August 31, 2001 in the above-identified application (copy attached). A Response to the Informality Re Payment of Fee was filed on September 14, 2001. Subsequent to the filing of the Response on September 14, 2001, it was discovered that the Informality Re Payment of Fee contained an error. The "Excess Payment" box on the form was

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90.00 OP

incorrectly checked. The "Fee Due" box should have been checked. The addition of claims to the Response To Official Action Under 37 C.F.R.§1.111 filed on August 22, 2001 brought the total number of claims in the application to 25. Therefore payment is due for five claims. A check for \$90.00 is attached herewith.

Thank you for your assistance in this fee reconciliation.

Respectfully submitted,

Mary Elizabeth Brown

Reg. No. 46,579

Attorney for Applicants

DARBY & DARBY, P.C. 805 Third Avenue New York, N.Y. 10022 Phone (212) 527-7700

PFF



UNITED STATES DEPARTMENT OF COMMERCE Pattent and Trademark Office R 0646/10205-US

Address : COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER & FILING DATE	FIRST NAMED APPLICANT	331 T	ATTODNEY DOCKET NO
		·	ATTORNEY DOCKET NO.
805 THIRD AVENUE. NEW YORK NY 10022			
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DUE:epte	mber 30, 2	00/	08/31/
DUE: <u>epte</u> Docketed on <u>y</u>	by DP to	ARTUNIT	PAPER NUMBER
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rationicy		-	OCT 1 0 2001 CH CENTER 1600/2900
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INFORMALITY RE PAYMENT OF F	FEE		500/
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informality regarding the payment of the fee cated below.	in connection with the am	endment filed	
FEE DUE			
The amendment is considered incomplete are insufficient to cover the entire fee due. This			
The amendment is considered an incomplicater the claims as shown in the attack within the period set below.			
The amendment has not been entered, s Account) the fee as indicated on the at authorization is due within the period set belo	ttached Patent Application		
APPLICANT IS GIVEN THE OR ONE (1) MONTH FROM T WITHIN WHICH TO REMIT TH	HE DATE OF THIS LETTE		
	_		
EXCESS PAYMENT:			
It is noted that payment of \$90.	is in excess of the am	ount necessary to	cover the claims now in
It is noted that payment of \$90. the application. See the attached Patent Ap	plication Fee Determination	Record.	
This matter of refund or credit to your a			



PRECEIVED

Application or Docion Number 2001

TECH CENTER 1600/2900

PATENT ASPLICATION FEE DETERMINATION RECORD Effective November 10, 1998

		Effectiv	e Novemb			111	ALL ÖCIALE	n 1000/25			
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY			
FC	OR .	NUMBE	R FILED	NUMBER I	EXTRA	RATE	FEE]	RATE	FEE	
BASIC FEE							380.00	OR		760.00	
TOTAL CLAIMS			minus 2	0= *		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 4 minus 3 = *				X39=		OR	X78=	78			
MULTIPLE DEPENDENT CLAIM PRESENT					+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL			TOTAL	838		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							L ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MOZ	Total	* 11	Minus	** LO	= Ø	X\$ 9=		OR	X\$18=		
AME		• <u>4</u>	Minus	*** 4	= 8	X39=		OR	X78=		
_	FIRST PRESEN	NTATION OF MU	JLTIPLE DEPI	ENDENT CLAIM		+130=		OR	+260=		
			•	•		TOTA		OR	TOTAL ADDIT. FEE		
÷		(Column 1)		(Column 2)	(Column 3)	ADDITITE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDW	Total	*25	Minus	* 20	=5	X\$ 9=		OR	X\$18=	90	
AME		* <u>U</u>	Minus	*** **	=	X39=		OR	X78=		
	FIRST PRESEN	NTATION OF MU	JLTIPLE DEPI	ENDENT CLAIM		+130=		OR	+260=		
						TOTA		OR	TOTAL ADDIT FEE	890	
		(Column 1)		(Column 2)	(Column 3)						
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=		
AMENDMENT		*	Minus	***	=	X39=		OR	X78=		
<u> </u>	FIRST PRESEN	NTATION OF MI	ULTIPLE DEP	ENDENT CLAIM	_	+130=			+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (T tal or Independent) is the highest number found in the appropriat box in column 1.											